Request for Approval of Independent Study

The purpose of an independent study is to provide students with unique study opportunities with an individual faculty member. This option involves a student initiated written proposal to a willing and appropriate full-time faculty member. Normally this is for 4 credits for CAS students and 3 credits for SBS students and completed during one semester. The faculty member (adjunct faculty are not eligible to supervise independent study) and student, prior to registration for the independent study, must concur on a written proposal, which must include a reading list and description of requirements for grading of the final project. The guidelines with respect to directed study assignments are as follows:

- Students must have a 2.5 average at the time of application.
- A description of the independent study project must be approved by the following:
  - individual faculty member
  - the department chair
  - the Academic Dean's Office

To the Dean (please check one):
■ College of Arts & Sciences ■ Sawyer Business School

Date: _______________________________ Suffolk Student ID# _______________________________

Day telephone _________________________ E-mail ________________________________

I, __________________________________ Print Name of Applicant

___________ in ______________________ for Year _________ ■ Fall ■ Spring ■ Summer*

Department

*Summer Date Range: __________________ through __________________

*End date must not extend past last date of summer

Course Number, Title and Description: ____________________________________________

Number of Credit Hours _____________(Not to exceed 4 semester credit hours)

Check one: ■ Graduate Student ■ Undergraduate

Instructor’s Approval:
I approve the registration of the above student in the course described and agree to sponsor and direct this work

Instructor’s Name (printed) ____________________________________________

Instructor’s Signature ______________________ Date ______________________

Chairperson’s Approval: Signature ______________________ Date ______________________

Dean’s Approval: Signature ______________________ Date ______________________